

APPLICATION FOR FOOD STAMPS - PART 2

INSTRUCTIONS: Please fill in this form in ink and bring or mail it to the County Welfare Office. The application must be signed by an adult household member or by the Authorized Representative. If it is completed by an adult who is not a member of your household, attach a written authorization signed by the head of the household or another household member.

If you need more space, attach another sheet of paper.

Tell your worker if you need help in getting proof or filling out this form.

1 NAME (HEAD OF HOUSEHOLD)		2 ARE YOU HOMELESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ARE YOU STAYING IN THE HOME OF SOMEONE ELSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE BEGAN STAYING IN THIS HOME: _____		COUNTY USE ONLY	
HOME ADDRESS (NUMBER, STREET)		MAILING ADDRESS (IF DIFFERENT OR LOCATION OF WHERE YOU STAY IF YOU ARE HOMELESS)		CASE NAME	
CITY STATE ZIP CODE		CITY STATE ZIP CODE		CASE NUMBER	
HOME PHONE NUMBER ()		DAYTIME OR MESSAGE PHONE NUMBER ()		WORKER DATE RCD	
3 Provide the following information on each person living in the home, including yourself. You must list all people in the home whether or not they want food stamps.				<input type="checkbox"/> New <input type="checkbox"/> Recert	
				<input type="checkbox"/> Residency verified	
				<input type="checkbox"/> Length of time in another's home:	
				<input type="checkbox"/> FS ID verified	
A YOUR NAME (FIRST MIDDLE LAST)		CITIZEN/NONCITIZEN STATUS: (✓) <input type="checkbox"/> U.S.Citizen/National <input type="checkbox"/> Noncitizen: Sponsored <input type="checkbox"/> YES <input type="checkbox"/> NO		FS/ABAWD Code Non-HH/Excl'd Member Code	
SOCIAL SECURITY NUMBER		SEX (CHECK ONE) <input type="checkbox"/> M <input type="checkbox"/> F		Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
BIRTHPLACE (CITY/STATE/COUNTRY)		RELATIONSHIP TO HEAD OF HOUSEHOLD		Elig. Noncitizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
BIRTHDATE / /		BLIND, DEAF OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO		SAVE <input type="checkbox"/> Yes <input type="checkbox"/> No	
		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO		DFA 285C Compltd <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Pregnant (ABAWD) <input type="checkbox"/> Yes <input type="checkbox"/> No	
B NAME (FIRST MIDDLE LAST)		CITIZEN/NONCITIZEN STATUS: (✓) <input type="checkbox"/> U.S.Citizen/National <input type="checkbox"/> Noncitizen: Sponsored <input type="checkbox"/> YES <input type="checkbox"/> NO		FS/ABAWD Code Non-HH/Excl'd Member Code	
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BIRTHDATE / /		BLIND, DEAF OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO		SAVE <input type="checkbox"/> Yes <input type="checkbox"/> No	
EATS, BUYS FOOD OR FIXES MEALS WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO		DFA 285C Compltd <input type="checkbox"/> Yes <input type="checkbox"/> No	
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BIRTHDATE / /		BLIND, DEAF OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO		SAVE <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO		DFA 285C Compltd <input type="checkbox"/> Yes <input type="checkbox"/> No	
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EATS, BUYS FOOD OR FIXES MEALS WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
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				Pregnant (ABAWD) <input type="checkbox"/> Yes <input type="checkbox"/> No	

COUNTY USE ONLY

FS Non-HH/Excluded Member (63-402)			FS and ABAWD Work/Training Exemptions (63-407, 410)		
1. Separate HH (Purchase/prepare) (.12, .13)	10. Workfare sanctioned (.225)	a. Under 16/60 or older	h. 1/2 time student in school, training or higher education		
2. Separate HH (Elderly/disabled) (.17)	11. SSI/SSP recipient (.226)	a.(1) 16/17 not head of household or in school or training at least half time			
3. Roomer(must be listed in (7)) (.211)	12. Ineligible student (.227)	b. Mentally/physically unfit for work	ABAWD Exemptions:		
4. Live-in attendant (.212)	13. Work req. disqualified (.228)	c. Mandatory participant in Welfare to Work activities	1. ABAWD w/exemption of b,d,e,f, or h		
5. Other Shared Living Quarters (.213)	14. Questionable citizenship (403.31)	d. Cares for child under 6/incapacitated person	2. Under 18, 50 or older		
6. Ineligible alien (.221)	15. Vol. Quit ineligible (408.2)	e. UIB registered	3. Pregnant		
7. Boarder (must be listed in (7)) (.3)	16. Ineligible/disqualified ABAWD (410.4)	f. Participant in drug/alcohol program	4. Caring for any dependent child		
8. SSN disqualified (.222)	17. Fleeing Felon/parole or probation violator (.224)	g. Employed 30 hour week/min. x 30	5. Lives in ABAWD exempt area		
9. IPV disqualified (.223)	18. Drug Felon (.229)				

E NAME (FIRST MIDDLE LAST)			CITIZEN/NONCITIZEN STATUS: (✓) <input type="checkbox"/> U.S.Citizen/National <input type="checkbox"/> Noncitizen: Sponsored <input type="checkbox"/> YES <input type="checkbox"/> NO		COUNTY USE ONLY			
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				Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		DFA 285C Compltd <input type="checkbox"/> Yes <input type="checkbox"/> No		
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				Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		DFA 285C Compltd <input type="checkbox"/> Yes <input type="checkbox"/> No		
				Pregnant (ABAWD) <input type="checkbox"/> Yes <input type="checkbox"/> No				
4 A. Is there a foster child(ren) living in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", who:								
B. Do you want the foster child(ren) and their foster care income included in the Food Stamp case? <input type="checkbox"/> YES <input type="checkbox"/> NO								
5 Does anyone get food from any program, such as: <input type="checkbox"/> YES <input type="checkbox"/> NO								
<ul style="list-style-type: none"> communal dining facility for the elderly or disabled food distribution program operated by a Native American Reservation any other food program 								
If "YES", explain below:								
NAME	NAME OF PROGRAM	NAME	NAME OF PROGRAM					

6 Does anyone live in: <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> homeless shelter shelter for battered women federally subsidized housing for the elderly reservation for Native Americans <ul style="list-style-type: none"> drug or alcoholic rehabilitation center group living arrangement for the blind/disabled penal institution/correctional facility psychiatric hospital/mental institution If "YES", explain below:						COUNTY USE ONLY		
NAME		NAME OF CENTER, SHELTER, ETC.		DATE ENTERED	DATE EXPECTED TO LEAVE	FS Eligible Facility <input type="checkbox"/> YES <input type="checkbox"/> NO		
7 A. Do you pay anyone for meals and/or a room? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below:						Separate household requested: <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF PERSON YOU PAY		CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both		HOW MUCH \$	HOW OFTEN	NO. OF MEALS PER DAY		
B. Does anyone pay you for meals and/or a room? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below:						Household Elects Boarder HH Member ROOMER		
NAME OF PERSON WHO PAYS YOU		CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both		HOW MUCH \$	HOW OFTEN	NO. OF MEALS PER DAY		
8 Is anyone 18 years of age or older enrolled in school, college or a training program? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below:						FS Eligible student <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME		AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED IN	ENROLLED (✓) <input type="checkbox"/> FULL TIME <input type="checkbox"/> HALF TIME <input type="checkbox"/> OTHER	UNITS/HOURS PER WEEK	WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME		AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED IN	ENROLLED (✓) <input type="checkbox"/> FULL TIME <input type="checkbox"/> HALF TIME <input type="checkbox"/> OTHER	UNITS/HOURS PER WEEK	WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO		
9 Is anyone, including children, currently working or expecting to work in the next two months? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below: (NOTE: If self-employed, list and explain costs on a separate sheet of paper and attach to this form.)						Earnings & Expenses		
NAME OF PERSON		OCCUPATION		SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER'S NAME		Exempt Income <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOURS WORKED PER MONTH		PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ PER		TIPS OR COMMISSIONS <input type="checkbox"/> VERIFIED		Self-employed farmer <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF PERSON		OCCUPATION		SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER'S NAME		Exempt Income <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOURS WORKED PER MONTH		PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ PER		TIPS OR COMMISSIONS <input type="checkbox"/> VERIFIED		Self-employed farmer <input type="checkbox"/> YES <input type="checkbox"/> NO	
10 Is anyone on strike? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below:						Striker Regs Apply <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF STRIKER		NAME OF UNION		NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM		DATE WENT ON STRIKE		
						Gross Monthly Income Earned from this Job Before the Strike: \$		
11 Has anyone stopped or refused work or training in the last 60 days? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below:								
NAME OF PERSON		NAME AND ADDRESS OF EMPLOYER/TRAINING		REASON FOR LEAVING	CHECKS OR BENEFITS EXPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", HOW MUCH BEFORE DEDUCTIONS \$			
HOURS OF WORK/TRAINING		LAST DAY OF WORK OR TRAINING			DATE LAST PAYCHECK RECEIVED			
NAME OF PERSON		NAME AND ADDRESS OF EMPLOYER/TRAINING		REASON FOR LEAVING	CHECKS OR BENEFITS EXPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", HOW MUCH BEFORE DEDUCTIONS \$			
HOURS OF WORK/TRAINING		LAST DAY OF WORK OR TRAINING			DATE LAST PAYCHECK RECEIVED			
12 Is there a child or disabled person in the household who needs care from another household member? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below:								
NAME OF PERSON NEEDING CARE		NAME OF PERSON(S) PROVIDING CARE			HOURS OF CARE DAILY			

13

Are all members of the household citizens of the United States?☐ YES ☐ NO**COUNTY USE ONLY**

If "NO", complete the following questions for each member who is NOT A CITIZEN:

List Name of Person Who Is A Noncitizen	A. How many years total have you, your spouse, and/or your parents, (before you were 18 years old) lived in the United States?	B. In how many of the years reported in 13A, did you, your spouse or your parents (before you were 18 years old) earn money by working in the United States?	C. How many total years did you, your spouse, or your parents (before you were 18 years old) work in the United States or for a U.S. company while not living in the United States?	D. Check below if noncitizen is on active duty in the U.S. Military, a veteran, or the spouse or dependent child of someone on military active duty or a veteran. If checked, complete information below.	<input type="checkbox"/> 40 Quarters Verified <input type="checkbox"/> Client Release For Social Security On File
1.				<input type="checkbox"/>	
2.				<input type="checkbox"/>	
3.				<input type="checkbox"/>	
4.				<input type="checkbox"/>	
5.				<input type="checkbox"/>	
6.				<input type="checkbox"/>	
7.				<input type="checkbox"/>	
8.				<input type="checkbox"/>	

NAME OF ACTIVE DUTY MILITARY PERSON OR VETERAN	BRANCH OF SERVICE	DATES SERVED	Honorable Discharge Verified <input type="checkbox"/> YES <input type="checkbox"/> NO
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14

Does anyone, including children, get or expect to get money from any source listed below?

Check (✓) YES or NO for each item. If you check YES, complete information below.

	YES	NO		YES	NO	<input type="checkbox"/> Verif(s) on File Explain Anticip. Income Exempt <input type="checkbox"/> YES <input type="checkbox"/> NO Exempt <input type="checkbox"/> YES <input type="checkbox"/> NO Dependent Care Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Verif(s) on File <input type="checkbox"/> Verif(s) on File
Training, Work Study, JTPA, GAIN, other Training Allowances			Veterans Administration: Disability, GI Bill VEAP, Aid & Attendance			
Educational Grants, Loans and Scholarships			Military Allotment or Pension			
Cash Assistance: CalWORKs, Refugee Assistance, GA/GR (General Assistance/Relief)			Railroad Retirement Board: Disability or Retirement			
Social Security Benefits: SSI, Other Disability, Retirement or Survivors Benefits			Other Federal, State or Local Government Agency: Disability or Retirement			
State Benefits: UIB/DIB (Unemployment/Disability Benefits)			Other Pension or Disability			
Worker's Compensation			Loans, Gifts, Contributions			
Child/Spousal Support			Winnings (bingo, lottery, prizes, etc.)			
Strike Benefits			Other: (Explain)			
Native American per capita payments						
If "YES", complete below:						
NAME	SOURCE	AMOUNT (BEFORE DEDUCTIONS, IF ANY) \$	WHEN	HOW OFTEN		
NAME	SOURCE	AMOUNT (BEFORE DEDUCTIONS, IF ANY) \$	WHEN	HOW OFTEN		

15

A. Does anyone pay for care of a child or disabled adult, so they can go to work, training, school, or look for a job?

If "YES", explain below

☐ YES ☐ NO

NAME OF PERSON WHO RECEIVES CARE CHECK (✓) ONE: <input type="checkbox"/> ADULT <input type="checkbox"/> CHILD	NAME OF PERSON WHO PAYS	NAME OF PERSON WHO GIVES CARE	HOW MUCH \$	HOW OFTEN	<input type="checkbox"/> Verif(s) on File
NAME OF PERSON WHO RECEIVES CARE CHECK (✓) ONE: <input type="checkbox"/> ADULT <input type="checkbox"/> CHILD	NAME OF PERSON WHO PAYS	NAME OF PERSON WHO GIVES CARE	HOW MUCH \$	HOW OFTEN	

WHY CARE IS NEEDED:

B. Does anyone pay all or part of your child care costs?☐ YES ☐ NO

Include costs paid by a relative or friend not living in the home, Department of Education, Block Grant, etc.

If "YES", explain below

NAME OF CHILD	NAME OF PERSON WHO PAYS	MONTHLY AMOUNT PAID \$	WHEN	Court order on file <input type="checkbox"/> YES <input type="checkbox"/> NO Amount ordered \$
NAME OF PERSON WHO PAYS	NAME OF CHILD GETTING CHILD SUPPORT	AMOUNT PAID PER MONTH	COURT ORDERED <input type="checkbox"/> YES <input type="checkbox"/> NO	

16

Does anyone in the home pay child support?

If "YES", explain below

☐ YES ☐ NO

<div>17</div> A. Does anyone own or is anyone buying real estate anywhere (in or outside the United States)? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below. Include all real property owned, used, controlled, shared or held.						COUNTY USE ONLY			
TYPE (LAND, HOUSE, APARTMENT, ETC.)		ADDRESS OR LOCATION		USED AS: <input type="checkbox"/> HOME <input type="checkbox"/> RENTAL INCOME FROM RENTAL PER MONTH: \$	OWNER(S)	ESTIMATED VALUE	AMOUNT OWED	Home exempt <input type="checkbox"/> Yes <input type="checkbox"/> No Rental Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No Other Real Property Market Value \$ Amount Owed \$ Net Value \$	
TYPE (LAND, HOUSE, APARTMENT, ETC.)		ADDRESS OR LOCATION		USED AS: <input type="checkbox"/> HOME <input type="checkbox"/> RENTAL INCOME FROM RENTAL PER MONTH: \$	OWNER(S)	ESTIMATED VALUE	AMOUNT OWED		
B. Does anyone, including children, have any of the resources listed below? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below. Include all resources owned, used, controlled, shared or held jointly with or for another person(s). The county will figure if these resources count. Check (✓) YES or NO for each item. (Do not include the home you are living in, household goods, or personal items (books, clothes, etc.).						<input type="checkbox"/> Resource Verified: Explain how:			
				YES	NO			YES	NO
Cash or checks (on hand or elsewhere)						Notes, mortgages, deeds of trust, sales contracts (payable to you)			
Checking/Saving account/credit union accounts						Retirement Funds (if you are no longer working)			
Stocks, bonds, certificates of deposit, money market accounts, etc.						IRA or Keogh Plans, Employee Deferred Compensation			
Trust funds						Other (Explain)			
Oil, mining, or mineral rights									
Total Value = \$									
If "YES", complete below.									
TYPE OF RESOURCE		OWNER	CURRENT VALUE	AMOUNT OWED (IF ANY)	NAME AND ADDRESS OF BANK, ETC.		ACCOUNT NUMBER	(✓) if exempt	
			\$	\$					
			\$	\$					
			\$	\$					
C. Does anyone get income from any of these resources, such as interest, dividends, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below.									
NAME		SOURCE OF MONEY		AMOUNT	HOW OFTEN				
				\$					
NAME		SOURCE OF MONEY		AMOUNT	HOW OFTEN				
				\$					
D. Does anyone own any cars, trucks, boats, trailers, vans, campers, motorcycles, mobile homes, houseboats, jet skis, snowmobiles, or other vehicles? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", COMPLETE THE FOLLOWING FOR EACH VEHICLE, EVEN IF NOT RUNNING. Look at your registration to get facts for each vehicle you own.						Vehicle value (Enter Date of blue book issue or other documentation)			
		Vehicle (1)		Vehicle (2)		Vehicle (3)		(1) Date: \$	
OWNER OF VEHICLE								(2) Date: \$	
NAME OF PERSON WHO USES VEHICLE								(3) Date: \$	
YEAR/MAKE/MODEL									
LICENSE NUMBER								<input type="checkbox"/> Leased vehicle:	
ESTIMATED VALUE		\$		\$		\$		<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3)	
BALANCE OWED		\$		\$		\$		TOTAL RESOURCES	
LICENSED? (✓) LEASED (✓)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
HOW DO YOU USE THIS VEHICLE? Check (✓) each item YES or NO		Yes	No	Yes	No	Yes	No		
As a Home									
To go to work or training or for job search									
For work, self-support or self-employment									
Needed for disabled household member									
To get household's fuel or water									
COUNTY USE ONLY - VEHICLES									
(A) Is vehicle a home, income producing, primary transportation to get fuel/water, or used for a disabled household member? (63-501.521)		VEHICLE (1) <input type="checkbox"/> YES (Exclude) <input type="checkbox"/> NO Go to B		VEHICLE (2) <input type="checkbox"/> YES (Exclude) <input type="checkbox"/> NO Go to B		VEHICLE (3) <input type="checkbox"/> YES (Exclude) <input type="checkbox"/> NO Go to B		(C) Fair Market Values	
								FMV Minus \$ 4650 Excess Value	Minus \$ 4650
(B) 1. Is vehicle for home use? (Allow one vehicle only) OR 2. Is vehicle used for job search, employment or training? (63-501.523)		<input type="checkbox"/> YES <input type="checkbox"/> NO Go to C and D Use Greater Value		<input type="checkbox"/> YES <input type="checkbox"/> NO Go to C and D Use Greater Value		<input type="checkbox"/> YES <input type="checkbox"/> NO Go to C and D Use Greater Value		(D) Equity Values	
								FMV Minus Encumbrance Equity Value	

- 18** Has anyone sold, spent, or given away any real or personal property in the last 3 months such as a house, land, cars, bank accounts, money from a legal or accident settlement, or anything else? ☐ YES ☐ NO
If "YES", explain what and when:

COUNTY USE ONLY

- 19 A.** Do you or anyone living with you have any housing costs?

If "YES", complete below:

TYPE OF HOUSING COST	TOTAL COST	HOW MUCH YOU PAY	HOW MUCH OTHER FAMILY/ HOUSEHOLD MEMBERS PAY	HOW OFTEN BILLED
Rent	\$	\$	\$	
House (mortgage) payment	\$	\$	\$	
Property taxes (if not in house payment)	\$	\$	\$	
Insurance (if not in house payment)	\$	\$	\$	
Other (explain)	\$	\$	\$	

- B.** Does anyone else pay all or part of these housing costs? Include a relative/friend not living in the home, any rental assistance programs such as HUD, Section 8, etc. ☐ YES ☐ NO

If YES, complete below:

TYPE OF HOUSING COST	NAME OF PERSON WHO PAYS	HOW MUCH EACH ONE PAYS	HOW OFTEN BILLED
		\$	
		\$	

- 20 A.** Do you or anyone living with you have utility costs, which is not part of the rent paid? ☐ YES ☐ NO

If Yes, complete below:

TYPE OF UTILITY COST	TOTAL COST	HOW MUCH YOU PAY	HOW MUCH OTHER FAMILY/ HOUSEHOLD MEMBER PAYS	HOW OFTEN BILLED
Gas or other fuel	\$	\$	\$	
Electricity or other fuel	\$	\$	\$	
Is the gas or electricity or other fuel used to heat or cool your house?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Water	\$	\$	\$	
Sewage	\$	\$	\$	
Garbage or trash	\$	\$	\$	
Telephone (basic rate)	\$	\$	\$	
Installation of utilities	\$	\$	\$	
Other (explain)	\$	\$	\$	

- B.** Does anyone else pay all or part of these utility costs? Include a relative/friend not living in the home, Low Energy Assistance, etc. ☐ YES ☐ NO

If YES, complete below:

TYPE OF UTILITY COST	NAME OF PERSON WHO PAYS	HOW MUCH EACH PAYS	HOW OFTEN BILLED
		\$	

- 21** You can authorize someone else in your household or someone outside your household to pick up your food stamps for you and to use them to buy your food. If you would like to authorize someone, complete below.

NAME OF AUTHORIZED REPRESENTATIVE	ADDRESS	PHONE
		()

- 22** Have food stamps been stopped for anyone due to non-cooperation for any reason, including a quality control review, or because of work or training sanctions, or failure to meet the Able-Bodied Adult Without Dependents (ABAWD) work requirement? If YES, complete below: ☐ YES ☐ NO

NAME	WHY	WHEN	HOW LONG?	WHAT COUNTY/STATE

- 23** Have food stamps been stopped for anyone for an Intentional Program Violation or Welfare Fraud? ☐ YES ☐ NO
If YES, complete below:

NAME	WHY	WHEN	HOW LONG?	WHAT COUNTY/STATE

- 24** Is any member of the household avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or a parole or probation violation? If YES, complete below: ☐ YES ☐ NO

NAME:

- 25** Has any member of your household committed and been convicted of a drug related felony for possession, use, or distribution of a controlled substance(s) after August 22, 1996? If YES, complete below: ☐ YES ☐ NO

NAME OF PERSON CONVICTED	DATE OF CONVICTION	DATE COMMITTED
NAME OF PERSON CONVICTED	DATE OF CONVICTION	DATE COMMITTED

Total housing verified?

☐ YES ☐ NO

Total housing \$ _____

Shared housing

☐ YES ☐ NO

Utilities verified?

☐ YES ☐ NO

Client elects:

☐ Actual ☐ SUA

If actual,

Total utilities \$ _____

SUA prorated:

☐ YES ☐ NO

If YES, show computation.

DOCUMENT:

☐ I.D. Issued

CERTIFICATION

- I understand the questions on this form.
- I understand that any facts I have given, including benefit and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and employment agencies, etc.
- I understand the county will send information to the Immigration and Naturalization Service (INS) for verification of noncitizen status and to the Social Security Administration to check work quarters information, if I am a noncitizen.
- I understand the information the county gets from INS and/or Social Security may affect my eligibility for food stamps.
- I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by the county, state, and federal personnel, and that if I give wrong facts my food stamps may be denied or stopped.
- I understand the penalties, including the specific disqualification penalties for food stamps, for giving wrong or incomplete facts, failing to report facts or situations which may affect my eligibility or benefits for food stamps.
- I understand that the food stamp household, any adult member of the food stamp household (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
- I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state or federal personnel in any investigation or review, including a quality control review.
- I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or in violation of their parole or probation cannot get food stamps.
- I understand that anyone who has committed and been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s) since August 22, 1996, cannot get food stamps.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct, and complete.

SIGNATURE (ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE)	DATE
WITNESS, IF YOU SIGNED WITH AN "X", OR SIGNATURE OR INTERPRETER	DATE
ELIGIBILITY WORKER SIGNATURE	DATE

COUNTY USE ONLY

REGULATIONS MET? CHECK (✓) EACH ITEM	YES	NO	N/A	IF NO, NAME
Residency				
Citizen Status				
Noncitizen Status				
Sponsored Noncitizen				
SSN				
Resources-Within limits & Amount \$				
Work Registration/ABAWD				
Student Regs				
Categorically Eligible				
Gross Income Test Household Size Gross Monthly Income \$				
Gross Income Eligible				
Separate HH Income Test Household Size Gross Monthly Income \$				
Eligible for Separate HH Status				
Aged/Disabled DFA 285-C Given and Completed				
<input type="checkbox"/> INELIGIBLE (REASON)				
EW SIGNATURE		DATE		